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Bib Data Sheet

CONFIRMATION NO. 9176

SERIAL NUMBER 10/657,079	FILING DATE 09/09/2003  RULE	CLASS 434	GROUP ART UNIT 3714	ATTORNEY DOCKET NO. IMMR023/03US
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 09/237,969 01/27/1999  
 which claims benefit of 60/072,672 01/28/1998  
 and claims benefit of 60/105,661 10/26/1998  
 and claims benefit of 60/116,545 01/21/1999

yes JLL

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

no JLL

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 12/01/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>JLL</i>	VA	14	22	4

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## TITLE

Interface device and method for interfacing instruments to medical procedure simulation systems

<p>FILING FEE</p> <p>RECEIVED</p> <p>870</p>	<p>FEES: Authority has been given in Paper          No. _____ to charge/credit DEPOSIT ACCOUNT          No. _____ for following:</p>	<div><input type="checkbox"/> All Fees</div> <div><input type="checkbox"/> 1.16 Fees ( Filing )</div> <div><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</div> <div><input type="checkbox"/> 1.18 Fees ( Issue )</div> <div><input type="checkbox"/> Other _____</div> <div><input type="checkbox"/> Credit</div>
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